

FILED NOV 1 1943

Registration District No. 214

Primary Registration District No. 1003

Registrar's No. 9398

1. PLACE OF DEATH:

(a) County...  
(b) City or town... **St. Louis**  
(c) Name of hospital or institution:  
**4576 Davison Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
In this community... **50 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Reinhard Henry Oppelland**

3. (b) If veteran, name war... none  
3. (c) Social Security No. **494-09-2262**

4. Sex **male**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced... **married**

6. (b) Name of husband or wife **Emma Oppelland**  
6. (c) Age of husband or wife if alive... **68** years

7. Birth date of deceased... **Jan. 26 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 8 28** hr. min.

9. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Furniture finisher**

11. Industry or business **Rickensohl Fixtures Co.**

12. Name **Reinhard Oppelland**

13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Oppelland**

(b) Address **4576 Davison Ave.**

17. (a) **Burial** (b) Date thereof **10-28-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Friedens Cemetery**

18. (a) Signature of funeral director... **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **OCT 26 1943** (b) **J. J. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County...  
(c) City or town... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4576 Davison Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **24th**  
year **1943** hour **4:15 PM.** minute... M.

21. I hereby certify that I attended the deceased from **10-2**  
19**43** to **10-16** 19**43**  
that I last saw him alive on **10-16** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death... **Coronary embolus**  
Duration **1 1/2 hrs.**

Due to... **The myocardial infarction**

Due to... **from old myocardial infarction**

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... **none**

Of autopsy... **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work... (Specify type of place) Means of injury

23. Signature **Watt J. Crowe** (M. D. or other) **M.D.**

Address **5738 W. Elmwood** Date signed **10-26-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*John P. Bushdole*

Licensed Embalmer No. 1674

P. O. Address 2223 Soles St

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**